

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St, Suite 4T20
Atlanta, Georgia 30303-8909



July 9, 2008

Mr. Arthur Robarge, Ph.D.
Broughton Hospital
1000 South Sterling Street
Morganton, North Carolina 28655

Re: Psychiatric Hospital CMS Certification Number (CCN): 34-4025

Dear Dr. Robarge:

This letter is to inform you that your psychiatric hospital has been found to meet the requirements for participation in the Health Insurance for the Aged and Disabled Program (Medicare). The effective date of your facility's certification is **June 20, 2008** and your fiscal year end date is **June 30**.

It is important to note that this certification is contingent upon your obtaining clearance from the Office for Civil Rights (OCR). If OCR approval is not obtained, reimbursement will be recouped as of the effective date of this provider agreement.

Your Medicare identification number is shown above. This number should be referenced on all forms and correspondence relating to the Medicare program. You are advised to report any major changes in staffing, services, ownership, or other significant characteristics which potentially could affect your facility's compliance, to the State Survey Agency for action as deemed necessary.

The State Survey Agency advised you of any deficiencies found during the survey of your hospital. If deficiencies were cited, your plan of correction was considered in making this determination of compliance. The State Survey Agency will verify completion of your plan of correction to assure that compliance was achieved and maintained.

Palmetto Government Benefits Administration (00382) has been authorized to serve as your fiscal intermediary. They have been notified of your certification by copy of this letter.

If you believe that this determination is incorrect in any respect, you may ask that it be reconsidered. The request must be submitted in writing to this office within 60 days of receipt of this letter. You may submit with the request for reconsideration any information that you believe to be pertinent to the determination.

Should you have any questions concerning this matter, please contact Alpalena Hartsfield at (404) 562-7434.

Sincerely,

/s/

Sandra M. Pace
Associate Regional Administrator
Division of Survey and Certification

**NOTE TO THE FISCAL INTERMEDIARY:
THIS LETTER REPLACES THE HCFA-2007, PROVIDER TIE-IN NOTICE.**